

# DAVIE COUNTY DEVELOPMENT SERVICES

298 E. Depot St., Suite 100  
MOCKSVILLE, NORTH CAROLINA 27028  
PH: 336.753.6050 FAX: 336.751.7689

## CONTRACTOR ID APPLICATION

### INSTRUCTIONS

1. Complete this form in its entirety.
2. A copy of your current License from the state must be attached with this application.
3. Send the original form to the attention of: Cindy Binkley to our office address listed above.
4. Once our office receives and processes the application we will send your Contractor ID# to you.
5. When requesting permits and inspections you will be required to identify yourself and provide the ID# to us. If you do not do so a permit or inspection will NOT be processed.
6. **THIS WILL BE YOUR COMPANY'S ID#. DO NOT GIVE IT OUT TO ANYONE OUTSIDE YOUR COMPANY FOR YOU RISK SOMEONE FRAUDULANTLY USING YOUR LICENSE.**
7. If you need to remove an approved contact person it is your responsibility to let us know so we can remove that person from your list.

DATE \_\_\_\_\_

CONTRACTOR NAME \_\_\_\_\_  
(As listed with licensing board)

CONTRACTOR LICENSE NUMBER \_\_\_\_\_  
(Include limitations)

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

OFFICE NUMBER \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### NAMES OF INDIVIDUALS APPROVED TO CALL IN INSPECTIONS:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of License Holder

For Office Use Only:

Processed by: _____	Date Processed _____	Contractor ID# _____
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